ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Oct. 20, 2021 Case Number: 22-40

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Kaleigh Robinson

Premise Name: 1st Pet Veterinary Centers (Chandler Location)

Premise Address: 1233 W. Warner Road

City: Chandler State: AZ Zip Code: 85224

Telephone: (480) 732-0018

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Elena Pritchette

Address: [redacted]

City [redacted] State: [redacted] Zip Code: [redacted]

Home Telephone: _____ Cell Telephone: [redacted]

**STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.*

C. **PATIENT INFORMATION (1):**

Name: Emma Pritchette

Breed/Species: Pittbull

Age: ~5-7 years old, adopted Sex: Spayed female Color: Blue and white

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. **VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

Dr. Jatin Jadhwani, 1233 W. Warner Road, Chandler AZ, 85224, PH: (480) 732-0018.

Dr. Kaleigh Robinson, 1233 W. Warner Road, Chandler AZ, 85224, PH: (480) 732-0018.

E. **WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Maureen Kirk, DVM (Personal friend who brought Emma in to the ER), [redacted]
Winnetka Drive, [redacted]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: [signature]

Date: 10.18.2021.

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

Emma was seen at 1st Pet Veterinary Centers by Dr. Jadhwani and Dr. Robinson for a severe dog bite wound. She was not stabilized appropriately, her wounds were not assessed and repaired appropriately and on transfer to the overnight doctor (Dr. Robinson) she was neglected and died in her cage and did not receive standard of care by either veterinarian while under their care at 1st Pet Veterinary Centers. Despite being advised to her critical condition and need for stabilization and IV fluids multiple times by my friend Dr. Maureen Kirk, who brought her in and was there with my husband and I during initial presentation.

Arizona State Veterinary Medical Examining Board
1740 W Adams St, Suite 4600
Phoenix, AZ 85007

Dr. Kaleigh Robinson
Narrative regarding case 22-40
November 3, 2021

To Whom It May Concern:

Emma, presented to my colleague Dr. Jatin Jadhwani. I was not directly involved in the case until he transferred her to me for overnight care after the wound care and stabilization. My initial exam is accurately time stamped at 12:35am in the record because I opened that record template directly after my physical exam of the patient. I examined the patient shortly after recovery from the wound care procedure and after the post procedure bandage was reapplied by Dr. Jadhwani.

As it states in my exam notes, I observed that the patient was depressed but responsive. I also noted the tachycardia and immediately took action to address it by increasing the IV fluid rate. I changed the fluid rate myself on the pump as I was leaving the kennel. Emma had significant soft tissue trauma from the bite wounds inflicted by her housemate. Since the dexdomitor had been reversed, I ordered an additional dose of analgesic medication to address the possibility that the tachycardia was secondary to pain and inflammation. I ordered cerenia to be administered along with the hydromorphone to address any possible nausea secondary to the hyromorphone or dexdomitor. At that time, Emma did not show explicit signs of nausea; however, I wanted to address the possibility of nausea causing tachycardia and preemptively prevent vomiting. I also ordered a PCV/TP measurement to evaluate potential blood loss since entry, which the technician promptly drew as can be seen in the time stamp of the entered results at 12:47am. With this result, I deemed that Emma did not need a blood transfusion. I remember considering adding a colloid bolus to Emma's treatments, but I was still creating her flow sheet on our electronic system when the code was announced.

It is always heart-wrenching when a pet is lost to injury or illness. In the emergency field, we experience this more than other departments because of the critical nature of our patients. In the ICU overnight, we recognize the importance of rest and sleep in the healing process. It is standard of care to try and let our patients rest when we can, but the ICU technicians must periodically check on the patients between treatments. The most time that could have elapsed between checking on Emma and her coding is 33 minutes. The medication injections were documented as given at 12:48am and CPR was initiated at 1:21am. Emma was not neglected.

Technician Mariah Mata checked on Emma and found her to be unconscious with no heart beat at 1:21am. Chest compressions were started immediately in the kennel. The CPR code procedure was a joint effort between me and Dr. Jadhwani, as he was still present in the ICU ward when the patient coded. Emma was quickly relocated to the treatment table for continued CPR from her kennel after the first 2-minute compression cycle. Emma was intubated promptly and manual ventilation was initiated with an ambu bag as soon as her air way was secured. Atropine and epinephrine injections were given every other 2-minute compression cycles as recommended in RECOVER guidelines. Dr. Jadhwani spoke with owners over the phone about the cardiopulmonary arrest and the CPR procedure (while I remained with the patient directing technicians in the CPR effort). He obtained permission to discontinue CPR efforts after we were unable to regain spontaneous circulation after 15 minutes of treatment.

I had the technicians remove the IV catheter and bandages from the body. It is worth noting here that the bandages did not have a significant amount of blood in them, only approximately 15mls in the gauze, and there was not a pool of blood in the kennel, only small smears on the blankets. The body was placed in a bag and then in a cardboard coffin because the owner was to make the decision about cremation or home burial in the morning. I was also anticipating that the owner might request a necropsy so I did not have the patient placed in the freezer on my shift. It is my understanding that in the morning the owners communicated to the staff they wanted cremation, so the body was placed in the freezer and then sent with the driver that picks up for our crematory. Apparently, the owners then changed their mind about a necropsy and the patient had to be brought back to our facility by the crematory driver before being sent out for necropsy.

I spoke with Dr. Maureen Kirk several hours later as documented in my rDVM call stamped 5:51am. I discussed with Dr. Kirk my assessment of the patient and my interventions, as well as the details of the CPR efforts. We discussed that I was not involved in the wound repair directly, but that it is standard of care for dog bite wounds to be left open to drain. I sent the records to the owner via the email address on file when I finished my notes, as requested by Dr. Kirk. My only undocumented communication for this case was a brief conversation with Elena Pritchette when she visited with the body in the morning. Elena asked me what I think happened, and I told her based on Emma's initial recovery then sudden cardiopulmonary arrest I suspect that Emma threw a clot. I told Elena that a necropsy was the best chance at figuring out what exactly caused Emma to pass but that a definitive answer still may not be found. I left the hospital shortly after expressing my condolences to Elena Pritchette. That was the extent of my involvement in the case.

The Pritchette family has my deepest sympathy after the loss of Emma. It is a tragedy whenever our pets are lost to injury. My goal, as ever, is to try and intervene as best I can in each circumstance. It grieves me as well, any time a patient succumbs due to a traumatic injury.

Douglas A. Ducey
- Governor -

Victoria Whitmore
- Executive Director -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Steven Dow, DVM
Gregg Maura
Justin McCormick, DVM

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 22-40
Complainant(s): Elena Pritchette
Respondent(s): Kaleigh Robinson, DVM (License: 6899)

SUMMARY:
Complaint Received at Board Office: 10/20/21
Committee Discussion: 3/1/22
Board IIR: 4/20/22

APPLICABLE STATUTES AND RULES:
Laws as Amended August 2018 (Lime Green); Rules as Revised September 2013 (Yellow)

On September 28, 2021, "Emma," an approximately 5 – 7 year-old female Pitbull was presented to 1st Pet Veterinary Centers on emergency after being attacked by another dog in the home.

The dog was evaluated by Dr. Jadhwani, an IV catheter was placed and pain medications were administered. Diagnostics, including radiographs and blood work, were performed and recommendations for hospitalization were approved. The dog was started on supportive care and compression bandages were placed over some of the bleeding wounds.

Later that evening, the dog was sedated to evaluate the dog bite wounds; some wounds were debrided, some were stapled closed and others were left open to drain. The dog was hypothermic and heat support was provided.

Later the dog's care was transferred to Dr. Robinson for overnight care and monitoring. After evaluation, Dr. Robinson made some adjustments to the treatment plan based on her

findings. A short time later the dog was found unresponsive; CPR was unsuccessful and the dog passed away.

Complainant was noticed and appeared. Consulting veterinarian Maureen Kirk was noticed and appeared. Respondent was noticed and appeared with attorney David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Elena Pritchette*
- Respondent(s) narrative/medical record: *Jatin Jadhwani, DVM*
- Consulting Veterinarian(s) narrative/medical records: *Maureen Kirk, DVM*

PROPOSED 'FINDINGS of FACT':

1. On September 28, 2021, Complainant called her friend, and veterinarian, Dr. Maureen Kirk and reported her two dogs were in a fight. Dr. Kirk went to the home to evaluate the dog. She noted the dog was non-weight bearing on her right front leg with the paw dangling; the dog was bleeding from a wound on the right lateral aspect of the shoulder with more hemorrhage noted from an unknown wound somewhere between her right front leg and chest. The area where she had been previously laying was soaked in frank blood.

2. Dr. Kirk advised Complainant that she was concerned with a humeral fracture and severe hemorrhage. She had anisocoria with the right pupil being mydriatic and the left pupil being miotic, scleral hemorrhage on the left eye, blood rostrolaterally to the left pinna and in the left pinna, which were all concerning for head trauma. There were other wounds that Dr. Kirk was unable to fully assess and felt the dog should be taken to an emergency facility immediately. She told Complainant that the dog was in shock and the wounds could be life-threatening; she feared the dog could bleed out.

3. Dr. Kirk took the dog to 1st Pet Veterinary Centers and had Complainant meet her there. On the way, Dr. Kirk called the premises to advise that the dog was coming in and relayed her findings so they would be prepared. Upon arrival, Dr. Kirk spoke with Dr. Jadhwani. She told him that she was the primary veterinarian for the dog and was also a personal friend of the pet owner. Dr. Kirk reported her findings to Dr. Jadhwani and that the dog needed stabilization and diagnostics. After her discussion with Dr. Jadhwani, Dr. Kirk went to the front to complete paperwork; the dog was put under her account and she left a deposit. The account could be transferred into Complainant's name once she arrived.

4. Dr. Jadhwani evaluated the dog; the dog was a weight = 44.1 pounds, no TPR noted. The dog was quiet, shocky; ambulatory on 3 legs, non-weight bearing on right front limb; eyes showed anisocoria, mitoic left eye, and scleral hemorrhage; there were 3 puncture wounds on lateral aspect of right shoulder, 2 puncture wounds on media aspect of left shoulder, laceration on side of left ear, multiple small puncture wounds and abrasions on left hindlimb, severe SQ emphysema over the right shoulder and chest. The dog was 5 – 7% dehydrated

and mentation was appropriate. An IV catheter was placed and the dog was administered hydromorphone 0.1mg/kg IV; blood was collected for testing and revealed a mildly elevated lactate at 3.7, a mildly elevated creatinine at 2.1, and a PCV/TS at 48%/6.0.

5. Dr. Kirk stated that once Complainant arrived they were allowed to visit the dog. There was an IV catheter in place – they were told that the dog received pain medication and blood was collected for testing. Staff was preparing to radiograph the dog. No IV fluids had been started.

6. Radiographs revealed disruption of soft tissues associated with the cranial/medial aspect of the right shoulder. Soft tissue swelling and soft tissue gas involving the right proximal forelimb, pectoral region and right chest wall. There were no obvious signs of fractures or intrathoracic penetration were observed at that time. A compression bandage was placed around the dog's right forelimb to ensure that bleeding did not resume. According to Dr. Jadhwani, he informed Dr. Kirk and Complainant of the findings and discussed a plan going forward which involved hospitalizing the dog with IV fluids, sedating her in the next few hours to evaluate the wounds and control any obvious sources of bleeding. The dog would be started on antibiotics, pain medication and anti-inflammatories.

7. According to Dr. Kirk, she and Complainant were updated by Dr. Jadhwani 1-2 hours later. He advised that the dog had a corneal ulcer to the left eye (fluorescein stain revealed no uptake according to the medical records) and did not believe the dog had head trauma. Dr. Jadhwani also went over the blood work and radiographs results. When asked, he stated the dog had been started on fluid resuscitation and an estimate for hospitalization overnight on IV fluids, wound exploration and continued care. The estimate was approved and signed. Dr. Kirk noted at that time, the dog was still not hooked up to IV fluids, she was dysphoric, and had low blood pressure. Dr. Kirk spoke to a colleague and was advised that the dog was in good hands; Dr. Kirk and Complainant left a short time later.

8. Dr. Jadhwani stated that the dog's blood pressure was low therefore 600mLs bolus IV fluids were administered to the dog. The dog remained sternal and rested comfortably in her kennel. There was no obvious strike through on the compression bandage. The dog's fluid rate was 80mL/hr.

9. Around 10:00pm, the dog was sedated with dexmedetomidine and midazolam IV. Dr. Jadhwani stated that he chose that combination based on that it could be reversed with antisedan, it provides analgesia, and was a reliable sedation. Dr. Kirk questioned the use of dexmedetomidine.

10. The dog's wounds were clipped and cleaned. Wounds on the lateral aspect of the right shoulder were debrided, staples were placed over the wound and the distal aspect of the puncture wound was left open to allow for drainage. Two other puncture wounds were left open to drain. On the medial aspect of the right shoulder, the wounds were clipped and

cleaned and left open to allow for drainage – no bleeding noted. The wound of the left ear was cleaned and sutured closed.

11. While under sedation, the dog became hypothermic; post-op vitals revealed T = 96.6, pulse = 130, respiration = 25 and the dog was reversed with antisedan. The dog was administered warm LRS fluids – 600mLs over 30 minutes and maintained on heat support. The dog was also administered Unasyn, Rimadyl and Tobramycin to the left eye. No urine output was documented.

12. Dr. Jadhwani contacted Complainant with an update on the dog. A short time later, the dog had a mild amount of bleeding from her wounds. The wounds were again assessed and the bleeding was controlled with a compression bandage to the dog's right forelimb. The dog's blood pressure had improved; IV fluids were continued at 100mg/kg/day along with the other medications (Unasyn, Rimadyl, Tobramycin and Hydromorphone).

13. Later that evening around 12:35am, the dog's care was transferred to Dr. Robinson. She evaluated the dog and noted a heart rate > 200bpm therefore increased the IV fluid rate to 150mL/hr and administered the dog cerenia. Dr. Robinson stated the dog was depressed but responsive, however since the dexmeditomidine had been reversed, she ordered an additional dose of analgesic medication to address the possibility that the tachycardia was secondary to pain and inflammation. The cerenia was administered to address any possible cause of nausea, which could also cause tachycardia. Dr. Robinson ran a PCV/TP (44%/4.4) to evaluate potential blood loss; the dog was deemed to not need a transfusion. She was considering adding a colloid bolus to the dog's treatment. While Dr. Robinson was creating the flow sheet the dog was found unresponsive. CPR was started immediately.

14. While Dr. Robinson continued resuscitation efforts with technical staff, Dr. Jadhwani contacted the pet owners. He was given permission to discontinue CPR efforts after they were unable to regain spontaneous circulation after 15 minutes of treatment.

15. Dr. Robinson stated that she had staff remove the IV catheter and bandages from the dog's remains. The bandages did not have a significant amount of blood in them – approximately 15mLs in the gauze – and there was not a pool of blood in the kennel, only small smears on the blankets.

16. When Complainant visited the dog, she was told by a male technical staff member that the dog had bled out and was found dead in a pool of blood. Complainant then spoke with Dr. Robinson who advised that the dog likely threw a clot.

17. The dog's remains were taken to Dr. Kirk who performed a preliminary post-mortem exam, then the dog was taken to Midwestern University for a necropsy.

18. On October 1, 2021, Dr. Kirk spoke with Dr. Mumaw, the responsible veterinarian for the

premises, regarding her concerns on how the dog was treated while in their care.

COMMITTEE DISCUSSION:

The Committee discussed that Respondent recognized that there was some hypervolemia occurring and took steps to correct it. She treated the dog appropriately.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division